0893

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00865

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne X
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jean (Middle) B. (Last) Barnet
4. DATE OF DEATH: (Month) Jan. (Day) 25 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Oct. 15, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Blackford
14. MOTHER'S MAIDEN NAME: Jean Dun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mr C.E. Barnet Princess Anne, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Acute Myocardial Failure — Interval Between Onset And Death: 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arterial Sclerosis — Several years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8/52, 19..., to 1/25, 1954, that I last saw the deceased alive on 1/20, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. B. Whaley M.D. ADDRESS Princess Anne DATE SIGNED 1/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 1-27-1954
NAME OF CEMETERY OR CREMATORY St. Andrew Cemetery
LOCATION (City, town, or county) (State) Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR 1/27/54
REGISTRAR'S SIGNATURE R.H. Johnson, M.D. B.
24. FUNERAL DIRECTOR Leon R. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1954
BUREAU V. S.

0894

00866

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marokin X
LENGTH OF STAY (In this place) 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marokin X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) R (Last) Benson

4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1954

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 23, 1893
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Westover, Somerset Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Benson
14. MOTHER'S MAIDEN NAME Agnes Horsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 (If yes, give war or dates of service) no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Annie Lela Horsey -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute Coronary Heart Disease - — INTERVAL BETWEEN ONSET AND DEATH 0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dropped dead while cutting

(c) greens in field - Dead on arrival

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. F Medical Examiner.

19a. DATE OF OPERATION 0 —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R H Johnson M.D. (Degree or title) ADDRESS Medical Examiner Princess Anne Md DATE SIGNED Jan. 28, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Bur.
DATE THEREOF Jan 30-1954
NAME OF CEMETERY OR CREMATORY Cottage grove
LOCATION (City, town, or county) Westover Somerset (State) Md

DATE REC'D BY LOCAL REG. 1/28/54
REGISTRAR'S SIGNATURE R H Johnson M.D.
24. FUNERAL DIRECTOR Charles H Ward Marion ADDRESS Md

B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 1 1934
BUREAU V. S.

0889

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00867

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLANLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Crisfield 34
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 34
STREET ADDRESS (If rural give location) 810 Broadway

3. NAME OF DECEASED: (Type or Print) (First) LEROY (Middle) STANFORD (Last) BOWYER

4. DATE OF DEATH: (Month) January (Day) 9 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Jan. 25, 1895

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Somerset County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Littleton Bowyer

14. MOTHER'S MAIDEN NAME: Fanny Stewart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) ——

16. SOCIAL SECURITY No.: 215-05-5437

17. INFORMANT & ADDRESS: 810 Broadway
Mrs. Ethel J. Bowyer--Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull & Fractured
DUE TO (b) Fractured Right Tibia & Fibula
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) Shock due to being hit by automobile while walking

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Accident

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Crisfield
(CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md

TIME OF INJURY (Month) Jan (Day) 9 (Year) 1954 (Hour) abt 6 m.
INJURY OCCURED While at Work ☐ Not While At Work ☒
HOW DID INJURY OCCUR? Hit by automobile

22. I Hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 11:50 p.m., from the causes and on the date stated above.
SIGNATURE Dr. Geo. W. Lewis
(Degree or title) M.D.
ADDRESS Crisfield Md
DATE SIGNED Jan 11-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF Jan. 12, 1954
NAME OF CEMETERY OR CREMATORY Marumsco Cemetery
LOCATION (City, town, or county) (State) Rehobeth, Somerset, Md.

DATE REC'D BY LOCAL REGISTRAR 1/12/54
REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR
ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

RECEIVED
JAN 14 1954
BUREAU V. S.

0895

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06868

CERTIFICATE OF DEATH

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne, Md.
LENGTH OF STAY (in this place): lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne, Md.
STREET ADDRESS (If rural give location): X

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) Emily (Last) Bures

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 19 54

5. SEX: female

6. COLOR OR RACE: col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 5/30/ 1881

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): domestic

10b. KIND OF BUSINESS OR INDUSTRY: house wife

11. BIRTHPLACE (State or foreign country): Venton, Md. Somerset

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Jones

14. MOTHER'S MAIDEN NAME: Elizabeth Lloyd

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 9 — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Leuvinia Hayman , Pr. Anne, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 443X
(a) Cardiac Failure — 12 hours.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO
(b) Hypertensive Cardio-Vascular Dis — 2 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Arthritis — 5 yrs.

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1953, to Jan 15, 1954, that I last saw the deceased alive on Jan 15, 1954 and that death occurred at Princess Anne from the causes and on the date stated above.

SIGNATURE (Degree or title): D. Frank Gigante — ADDRESS: 20 Prince William St — DATE SIGNED: Jan 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/24/54 — NAME OF CEMETERY OR CREMATORY: John Wesley — LOCATION (City, town, or county) (State): Pr. Anne, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/31/54 — REGISTRAR'S SIGNATURE: R. T. Johnson, M.D. — 24. FUNERAL DIRECTOR: William H. James Jr — ADDRESS: Princess Anne Md

VS. A15

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JAN 28
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY SOMERSET MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE MD X
LENGTH OF STAY (in this place) 35 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY SOMERSET
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCESSA ANNE MD X
STREET ADDRESS (If rural give location) RT. I

3. NAME OF DECEASED: (Type or Print) (First) ANNE (Middle) MAE (Last) COLLIN

4. DATE OF DEATH: (Month) 1/ (Day) 25/ (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: COL

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 9/6/1918

9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory

10b. KIND OF BUSINESS OR INDUSTRY: CANNING

11. BIRTHPLACE (State or foreign country): SOMERSET COUNTY MD.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: EDMOND MILLS.

14. MOTHER'S MAIDEN NAME: ANNIE M.TURPIN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-16-7141

17. INFORMANT & ADDRESS: TRESSIE MILLS PRINCSS ANNE MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X

Immediate cause (a) Carcinoma Uteri — Interval Between Onset And Death: 3 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13th, 1953 to Jan 25th, 1954, that I last saw the deceased alive on Jan 24th, 1954, and that death occurred at 11:00 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) Elgor G. Mavrosman ADDRESS Princess Anne, Md. DATE SIGNED 1.27.54

23. BURIAL, CREMATION, (Specify) BURIAL

DATE THEREOF I/28/54

NAME OF CEMETERY OR CREMATORY MT ZION

LOCATION (City, town, or county) (State) POLK ROAD R.F.D. Princess Anne, Md.

DATE REC'D BY LOCAL REGISTRAR 1/27/54

REGISTRAR'S SIGNATURE R.H. Johnson M.D. B.

24. FUNERAL DIRECTOR William H James Jr Princess Anne Md

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 28 1954
BUREAU V. S.

0897

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (In this place) 11 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) E (Last) Dennis

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1954

5. SEX: Fem

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): inf

8. DATE OF BIRTH: Feb 27-1953

9. AGE last birthday: yrs. 11 IF UNDER 1 YEAR: Months — Days 3 IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Marion Somerset Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Garnet Coulbourn

14. MOTHER'S MAIDEN NAME: Ruth Frances Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Irene Dennis Marion Somerset Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
491X Immediate cause	(a)	Bronchiltis	2d.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Malnutrition	11 mo.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Otitis Media

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8, 1953, to Jan 18, 1954, that I last saw the deceased alive on Jan 18, 1954, and that death occurred at 12:55 P. m., from the causes and on the date stated above.

SIGNATURE A. R. Barnes (DEGREE OR TITLE) M. D. ADDRESS Crisfield, Md. DATE SIGNED 1/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb 2-1954 — NAME OF CEMETERY OR CREMATORY Family Cemetery — LOCATION (City, town, or county) (State) Marion Somerset Co Md

DATE REC'D BY LOCAL REGISTRAR Feb 1, 1954 — REGISTRAR'S SIGNATURE Nellie D. Payne — 24. FUNERAL DIRECTOR Charles H Ward — ADDRESS Marion Md

VS. A15 8-51

RECEIVED
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion station
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) C. (Last) Hickman

4. DATE OF DEATH: (Month) 1 (Day) 14 (Year) 1954

5. SEX: Fe

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 15, 1886

9. AGE last birthday: 67 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion Sta, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Johnson

14. MOTHER'S MAIDEN NAME: Mary Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Rebecca Sims - Box 364 Marion Sta., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 Acute Dil of Heart - Uremia - Cerebral Hemorrhage Right Hemiplegia — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chronic Myocarditis, Chronic Int. Nephritis General Arteriosclerosis — 4 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1954, to Jan. 14, 1954, that I last saw the deceased alive on Jan. 14, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or Title) Geneva C Cockrum Asst. ADDRESS Marion Sta. Md. DATE SIGNED 1-16-54

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial

DATE THEREOF Jan 17-54

NAME OF CEMETERY OR CREMATORY ward Cemetary

LOCATION (City, town, or county) (State) Marion Station, Md.

DATE REC'D BY LOCAL REGISTRAR 1-16-54

REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Charles H. Ward - Marion Sta, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1954
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Rd. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Jacksonville Rd.

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) OLEVIA (Last) KEYSER

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: July 31, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country) Crisfield-Somerset-Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Tawes

14. MOTHER'S MAIDEN NAME: Nancy Daugherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Jacksonville Rd. Mrs. Albert Watson-- Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Cardiac Infarction — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Femoral Embolus — 1 day

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1954, to Jan. 19, 1954, that I last saw the deceased alive on Jan. 19, 1954, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE Sarah M. Peyton (Degree or title) M.D. ADDRESS Crisfield DATE SIGNED 1/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Jan. 21, 1954

NAME OF CEMETERY OR CREMATORY Crisfield Cemetery

LOCATION (City, town, or county) (State) Crisfield-Somerset-Md.

DATE REC'D BY LOCAL REGISTRAR 1/21/54

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors—Crisfield, Md. ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rehobeth
LENGTH OF STAY (in this place) one hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rehobeth Baptist Church

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kingston
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) CONNLEY (Last) LEWIS

4. DATE OF DEATH: (Month) January (Day) 10, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: December 29,1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: for himself

11 BIRTHPLACE (State or foreign country): North Wilkesboro, N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Lewis

14. MOTHER'S MAIDEN NAME: Rilda Kathryn Pierce

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Eula S. Lewis—Kingston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 10 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Thrombosis — 3 mo.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1953, to Jan. 10, 1954, that I last saw the deceased alive on Jan. 6, 1954, and that death occurred at 11:00 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos. B. Whaley M.D. ADDRESS Princess Anne, Md. DATE SIGNED 1/12/54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF Jan. 13, 1954 NAME OF CEMETERY OR CREMATORY Rehobeth Baptist Cemetery LOCATION (City, town, or county) (State) Rehobeth, Somerset, Md.

DATE REC'D BY LOCAL REGISTRAR 1/13/54 REGISTRAR'S SIGNATURE Nellie W. Payne

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors—Crisfield, Md. ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Md
LENGTH OF STAY (in this place) 18 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) Andriana (Last) Milbourne
4. DATE OF DEATH: (Month) Jan. (Day) 25, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 24, 1954
9. AGE last birthday: yrs. about
IF UNDER 1 YR. Months Days
IF UNDER 24 HRS. Hours 18 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Crisfield, Md
12. CITIZEN OF WHAT COUNTRY? Md-U.S.A.

13. FATHER'S NAME: J. Wesley Ballard
14. MOTHER'S MAIDEN NAME: Cora Evelyn Milbourne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: "Mother"

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Premature Baby - 6 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) conception

DUE TO

(c)

Interval Between Onset And Death: lived about 18 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 24, 1954, to Jan. 25, 1954, that I last saw the deceased alive on Jan. 25, 1954, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE Leroy C. Chelton Md (Degree or title) ADDRESS Marion Sta. Md DATE SIGNED 1-25-54

23. BURIAL, CREMATION, REMOVAL (Specify) Buried
DATE THEREOF Jan. 25, 1954
NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery
LOCATION (City, town, or county) Mauriesco - Som. (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan. 25-1954
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR John E. Milbourne, acting Director ADDRESS Shelltown-Md

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island — LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —X—

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal Island
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) (Last) ROWE

4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan-12-1872

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM WEBSTER

14. MOTHER'S MAIDEN NAME: MARY ANNE THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Carley Edwards - Deal Island Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) DUE TO: Cerebral Haemorrhage — 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Arteriosclerosis — 12 years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1953, to Jan 2nd, 1954, that I last saw the deceased alive on Jan 2nd, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edna G. Mariner — ADDRESS Princess Anne Md 2 — DATE SIGNED 1/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan-5-1954 — NAME OF CEMETERY OR CREMATORY St. Johns — LOCATION (City, town, or county) Methodist Deal Island — (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan 15 1954 — REGISTRAR'S SIGNATURE Robert McKelley Jr

24. FUNERAL DIRECTOR D.W. Webster — ADDRESS Md

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Pocomoke R.F.D. | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Died on arrival at - Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke Md
STREET ADDRESS (If rural, give location) Sixth Street -

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lottie	E	Tull	January	9	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last Birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Married	Aug 2 - 1917	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Fountaine	Carlyn Justice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Alonzo Tull

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull — Interval between Onset and Death: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Internal Injuries
(c) Died on Arrival at Peninsula General Hospital -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Automobile Accident Highway 13

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Pocomoke R.F.D.	Somerset	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Jan 9 1954 10 P.m.		Car ran into back end of truck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R.H. Johnson M.D. - Medical Examiner	Princess Anne Md	Jan 11-1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-13-54	Halls Hill	Pocomoke Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/12/54	R.H. Johnson, M.D.	Edgar Wharton - New Church, Va.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00877

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tylerton
STREET ADDRESS (If rural give location) Smith Island

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) FRANKLIN (Last) TYLER

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 7, 1884

9. AGE Last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY: for himself

11. BIRTHPLACE (State or foreign country): Tilghmans Island, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Tyler

14. MOTHER'S MAIDEN NAME: Rose Cummings

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 194-10-9434

17. INFORMANT & ADDRESS: Tylerton Mrs. Lena M. Tyler— Smith Island, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Condition — Interval Between Onset And Death: 10 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic Int. Nephritis & Chronic Myocarditis, Emphatum of Chest — Interval Between Onset And Death: Years

DUE TO

(c) General Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1954, to Jan. 19, 1954, that I last saw the deceased alive on Jan. 19, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE George L. Caulk M.D. (Degree or title) ADDRESS Marion Sta. Md DATE SIGNED 1-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF Jan. 22, 1954 NAME OF CEMETERY OR CREMATORY Tylerton Cemetery LOCATION (City, town, or county) (State) Tylerton-Smith Island-Md.

DATE REC'D BY LOCAL REGISTRAR 1-22-54 REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

VS. A15

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount X; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount X; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Sherman (Middle) G. (Last) Walston

4. DATE OF DEATH: (Month) Jan (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 23, 1890

9. AGE: Last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairmount

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James J. Walston

14. MOTHER'S MAIDEN NAME: Rachael A. Dize

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Sept 1 1918

16. Social Security No.: Same 173

17. INFORMANT & ADDRESS: Mr Max R Walston

18. MEDICAL CERTIFICATION

I/ DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592X

Immediate cause (a) Cerebral Hemorrhage — 6 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension — 6 yrs.

DUE TO (c) Chronic Nephritis — 6 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dermatitis chronic

19a. DATE OF OPERATION: 6

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2/45 19 to 1/30/54 19, that I last saw the deceased alive on 12/29, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thos. M. Wheatley MD — Princess Anne — 2/1/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 1 '54 — NAME OF CEMETERY OR CREMATORY: K of P — LOCATION (City, town, or county) (State): Fairmount Md

DATE REC'D BY LOCAL REGISTRAR: 2/1/54 — REGISTRAR'S SIGNATURE: R. S. Johnson, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Harry B. Miles

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